PATIENT LABEL

Cardiac Chest Pain Pathway
ONLY use this pathway if cardiac ischemia is the suspected cause of chest pain

TRIAL PATHWAY

Triage appropriately
ECG within 10minutes of arrival
STEMI suspected

YES → Immediate Cardiology referral
Tx patient to Resus
Prepare for PAMI if indicated

NO

Full set of observations
Trop and bloods as clinically indicated
(by FOH team)

Screen for other possible serious diagnosis
- Aortic dissection
- PE
- Pancreatitis

YES → Exit pathway
Manage as appropriate

NO

Screen for possible 'red flags':
- On-going chest pain likely to be cardiac
- History strongly suggestive of crescendo angina
- Haemodynamically unstable
- Ischemic changes on ECG , not known to be old
- Positve Troponin

YES → Not for low risk pathway
Refer to Cardiology
Tx to monitored bed in department
Consider admission

NO

Screen for low risk profile using EDACS score
(See next page for scores)

LOW RISK	**EDACS <16** (and no red flags) **CDU**	Admit to: Clinical Decision Unit (CDU) in Emergency Department Bloods: Request 2 hour Troponin Disposition: Patient suitable for discharge if: • 0 & 2 hour trop negative and • No new ischemia on ECG and • No red flags Plan for discharge within 6hours of arrival. Refer to cardiology out patient services for further testing **ONLY** if cardiac ischemia is the suspected cause of chest pain (please see referral guidelines)
MED RISK	**EDACS ≥16** (and no red flags) **Modified TIMI <4** **CPU**	Admit to: Chest Pain Unit (CPU) ED Dr to refer patient to GM Registrar Mon-Fri and Cardiology Registrar Sat-Sun and Public Holidays ED RN to lodge request for bed under CPU, Dr Team Tx patient to CPU (no nurse escort required)
HIGH RISK	**EDACS ≥16** (and no red flags) **Modified TIMI ≥4** **CCU**	Admit to: Cardiology Ward (CCU) ED Dr to refer patient to Cardiology Registrar ED RN to lodge request for bed under on call Cardiology team Tx patient to ward (no nurse escort required) Patient for review and clerking on ward by Cardiology team Further testing e.g. stress test (ETT) or angiogram to be decided by Cardiologist

CARDIAC CHEST PAIN PATHWAY

Emergency Department Assessment of Chest-Pain Score – EDACS

Age Please circle SINGLE best answer		Known Coronary Artery Dis. (CAD) OR ≥ 3 Risk Factors in patient aged 18-50 yrs CAD = Previous AMI, CABG or PCI Risk F's = FHx premature IHD*, Abnormal cholesterol, Diabetes, Hypertension, Current smoker		Symptoms Please circle EACH if present (strikethrough if absent)		Gender	
Years	**Score**		**Score**	**Symptom**	**Score**	**Male**	**+6**
18-45	+2	Known CAD or ≥3 Risk factors and 18-50	+4	Diaphoresis	+3		
46-50	+4	Not known CAD, <3 risk factors or age>50	+0	Radiates to arm or shoulder	+5		
51-55	+6			Occurred with inspiration (pleuritic)	-4		
56-60	+8			Reproduced by palpation	-6		
61-65	+10						
66-70	+12						
71-75	+14						
76-80	+16						
81-85	+18						
86+	+20						

Please add all circled figures and enter total here: _____

Interpretation

LOW RISK	NOT LOW RISK
If EDACS score <16 AND No new ischaemia of ECG AND 0 and 2 hour cTn both negative: *These patients are **suitable** for early discharge after negative test results and outpatient stress test.*	If EDACS score ≥ 16 OR New ischaemia on ECG OR 0 or 2 hour cTn positive: *These patients are **not suitable** for early discharge pathway and should proceed with usual clinical care.*

Thrombolysis In Myocardial Infarction (TIMI) Risk Score *(Modified)*

	Individual Scores:
Clinical Characteristics: Score ONE for every positive response Score ZERO for any negative or 'unknown' response	
☐ Age ≥ 65 years	-------------------
☐ 3 of the following 5 CAD risk factors	
☐ Family history: *i.e., at age less than 55 years of age:* (1) Angina, (2) MI, (3) Sudden cardiac death without obvious cause	
☐ Hypertension	
☐ Hyperlipidemia	
☐ Diabetes	
☐ Active smoker	-------------------
☐ Known CAD (stenosis ≥ 50%): e.g. *a positive investigation or procedure for CAD including PCI, stent, positive angiogram, positive exercise tolerance test*	-------------------
☐ ASA (i.e., Acetylsalicylic Acid / Aspirin) use in past 7 days (Single GP or ambulance dose not included)	-------------------
☐ Recent severe angina (e.g. ≥ 2 events in last 24 hrs)	-------------------
Total Score =	-------------------